

110TH CONGRESS
1ST SESSION

S. 2182

To amend the Public Health Service Act with respect to mental health services.

IN THE SENATE OF THE UNITED STATES

OCTOBER 17, 2007

Mr. REED (for himself and Mr. SMITH) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act with respect to mental health services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Community Mental
5 Health Services Improvement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds that—

8 (1) almost 60,000,000 Americans, or one in
9 four adults and one in five children, have a mental

1 illness that can be diagnosed and treated in a given
2 year;

3 (2) mental illness costs our economy more than
4 \$80,000,000,000 annually, accounting for 15 per-
5 cent of the total economic burden of disease;

6 (3) alcohol and drug abuse contributes to the
7 death of more than 100,000 people and costs society
8 upwards of half a trillion dollars a year;

9 (4) individuals with serious mental illness die
10 on average 25 years sooner than individuals in the
11 general population; and

12 (5) community mental and behavioral health or-
13 ganizations provide cost-efficient and evidence-based
14 treatment and care for millions of Americans with
15 mental illness and addiction disorders.

16 **SEC. 3. CO-LOCATING PRIMARY AND SPECIALTY CARE IN**
17 **COMMUNITY-BASED MENTAL HEALTH SET-**
18 **TINGS.**

19 Subpart 3 of part B of title V of the Public Health
20 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
21 adding at the end the following:

22 **“SEC. 520K. GRANTS FOR CO-LOCATING PRIMARY AND SPE-**
23 **CIALTY CARE IN COMMUNITY-BASED MENTAL**
24 **HEALTH SETTINGS.**

25 “(a) DEFINITIONS.—In this section:

1 “(1) ELIGIBLE ENTITY.—The term ‘eligible en-
2 tity’ means a qualified community mental health
3 program defined under section 1913(b)(1).

4 “(2) SPECIAL POPULATIONS.—The term ‘spe-
5 cial populations’ refers to the following 3 groups:

6 “(A) Children and adolescents with mental
7 and emotional disturbances who have co-occur-
8 ring primary care conditions and chronic dis-
9 eases.

10 “(B) Adults with mental illnesses who have
11 co-occurring primary care conditions and chron-
12 ic diseases.

13 “(C) Older adults with mental illnesses
14 who have co-occurring primary care conditions
15 and chronic diseases.

16 “(b) PROGRAM AUTHORIZED.—The Secretary, acting
17 through the Administrator of the Substance Abuse and
18 Mental Health Services Administration and in coordina-
19 tion with the Director of the Health Resources and Serv-
20 ices Administration, shall award grants to eligible entities
21 to establish demonstration projects for the provision of co-
22 ordinated and integrated services to special populations
23 through the co-location of primary and specialty care serv-
24 ices in community-based mental and behavioral health set-
25 tings.

1 “(c) APPLICATION.—To be eligible to receive a grant
 2 under this section, an eligible entity shall submit an appli-
 3 cation to the Administrator at such time, in such manner,
 4 and accompanied by such information as the Adminis-
 5 trator may require. Each such application shall include—

6 “(1) an assessment of the primary care needs
 7 of the patients served by the eligible entity and a de-
 8 scription of how the eligible entity will address such
 9 needs; and

10 “(2) a description of partnerships, cooperative
 11 agreements, or other arrangements with local pri-
 12 mary care providers, including community health
 13 centers, to provide services to special populations.

14 “(d) USE OF FUNDS.—

15 “(1) IN GENERAL.—For the benefit of special
 16 populations, an eligible entity shall use funds award-
 17 ed under this section for—

18 “(A) the provision, by qualified primary
 19 care professionals on a reasonable cost basis,
 20 of—

21 “(i) primary care services on site at
 22 the eligible entity;

23 “(ii) diagnostic and laboratory serv-
 24 ices; or

1 “(iii) adult and pediatric eye, ear, and
2 dental screenings;

3 “(B) reasonable costs associated with
4 medically necessary referrals to qualified spe-
5 cialty care professionals as well as to other co-
6 ordinators of care or, if permitted by the terms
7 of the grant, for the provision, by qualified spe-
8 cialty care professionals on a reasonable cost
9 basis on site at the eligible entity, of—

10 “(i) endocrinology services;

11 “(ii) oncology services;

12 “(iii) pulmonary/respiratory services;

13 or

14 “(iv) cardiovascular services;

15 “(C) information technology required to
16 accommodate the clinical needs of primary and
17 specialty care professionals; or

18 “(D) facility improvements or modifica-
19 tions needed to bring primary and specialty
20 care professionals on site at the eligible entity.

21 “(2) LIMITATION.—Not to exceed 15 percent of
22 grant funds may be used for activities described in
23 subparagraphs (C) and (D) of paragraph (1).

24 “(e) GEOGRAPHIC DISTRIBUTION.—The Secretary
25 shall ensure that grants awarded under this section are

1 equitably distributed among the geographical regions of
2 the United States and between urban and rural popu-
3 lations.

4 “(f) EVALUATION.—Not later than 3 months after a
5 grant or cooperative agreement awarded under this section
6 expires, an eligible entity shall submit to the Secretary the
7 results of an evaluation to be conducted by the entity con-
8 cerning the effectiveness of the activities carried out under
9 the grant or agreement.

10 “(g) REPORT.—Not later than 5 years after the date
11 of enactment of this section, the Secretary shall prepare
12 and submit to the appropriate committees of Congress a
13 report that shall evaluate the activities funded under this
14 section. The report shall include an evaluation of the im-
15 pact of co-locating primary and specialty care in commu-
16 nity mental and behavioral health settings on overall pa-
17 tient health status and recommendations on whether or
18 not the demonstration program under this section should
19 be made permanent.

20 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
21 are authorized to be appropriated to carry out this section,
22 \$50,000,000 for fiscal year 2009 and such sums as may
23 be necessary for each of fiscal years 2010 through 2013.”.

1 **SEC. 4. INTEGRATING TREATMENT FOR MENTAL HEALTH**
2 **AND SUBSTANCE ABUSE CO-OCCURRING DIS-**
3 **ORDERS.**

4 Section 520I of the Public Health Service Act (42
5 U.S.C. 290bb–40) is amended—

6 (1) by striking subsection (i) and inserting the
7 following:

8 “(j) FUNDING.—The Secretary shall make available
9 to carry out this section, \$14,000,000 for fiscal year 2009,
10 \$20,000,000 for fiscal year 2010, and such sums as may
11 be necessary for each of fiscal years 2011 through 2013.
12 Such sums shall be made available in equal amount from
13 amounts appropriated under sections 509 and 520A.”;
14 and

15 (2) by inserting before subsection (j), the fol-
16 lowing:

17 “(i) COMMUNITY MENTAL HEALTH PROGRAM.—For
18 purposes of eligibility under this section, the term ‘private
19 nonprofit organization’ includes a qualified community
20 mental health program as defined under section
21 1913(b)(1).”.

22 **SEC. 5. IMPROVING THE MENTAL HEALTH WORKFORCE.**

23 (a) NATIONAL HEALTH SERVICE CORPS.—Section
24 332(a) of the Public Health Service Act (42 U.S.C.
25 254e(a)) is amended—

1 (1) in paragraph (1), by inserting after “that
 2 meet the requirements of section 334” the following:
 3 “and qualified community mental health programs
 4 as defined in section 1913(b)(1),”; and

5 (2) in paragraph (2)(A), by striking “commu-
 6 nity mental health center,”.

7 (b) RECRUITMENT AND RETENTION OF MENTAL
 8 HEALTH PROFESSIONALS.—Subpart X of part D of title
 9 III of the Public Health Service Act (42 U.S.C. 256f et
 10 seq.) is amended by adding at the end the following:

11 **“SEC. 340H. GRANTS FOR RECRUITMENT AND RETENTION**
 12 **OF MENTAL HEALTH PROFESSIONALS.**

13 “(a) ESTABLISHMENT.—The Secretary, acting
 14 through the Administrator of the Health Resources and
 15 Services Administration, shall award grants to States, ter-
 16 ritories, and Indian tribes or tribal organizations for inno-
 17 vative programs to address the behavioral and mental
 18 health workforce needs of designated mental health profes-
 19 sional shortage areas.

20 “(b) USE OF FUNDS.—An eligible entity shall use
 21 grant funds awarded under this section for—

22 “(1) loan forgiveness and repayment programs
 23 (to be carried out in a manner similar to the loan
 24 repayment programs carried out under subpart III

1 of part D) for behavioral and mental health profes-
2 sionals who—

3 “(A) agree to practice in designated men-
4 tal health professional shortage areas;

5 “(B) are graduates of programs in behav-
6 ioral or mental health;

7 “(C) agree to serve in community-based
8 non-profit entities, or as public mental health
9 professionals for the Federal, State or local gov-
10 ernment; and

11 “(D) agree to—

12 “(i) provide services to patients re-
13 gardless of such patients’ ability to pay;
14 and

15 “(ii) use a sliding payment scale for
16 patients who are unable to pay the total
17 cost of services;

18 “(2) behavioral and mental health professional
19 recruitment and retention efforts, with a particular
20 emphasis on candidates from racial and ethnic mi-
21 nority and medically-underserved communities;

22 “(3) grants or low-interest or no-interest loans
23 for behavioral and mental health professionals who
24 participate in the Medicaid program under title XIX
25 of the Social Security Act to establish or expand

1 practices in designated mental health professional
2 shortage areas, or to serve in qualified community
3 mental health programs as defined in section
4 1913(b)(1);

5 “(4) placement and support for behavioral and
6 mental health students, residents, trainees, and fel-
7 lows or interns; or

8 “(5) continuing behavioral and mental health
9 education, including distance-based education.

10 “(c) APPLICATION.—

11 “(1) IN GENERAL.—Each eligible entity desir-
12 ing a grant under this section shall submit an appli-
13 cation to the Secretary at such time, in such man-
14 ner, and containing such information as the Sec-
15 retary may reasonably require.

16 “(2) ASSURANCES.—The application shall in-
17 clude assurances that the applicant will meet the re-
18 quirements of this subsection and that the applicant
19 possesses sufficient infrastructure to manage the ac-
20 tivities to be funded through the grant and to evalu-
21 ate and report on the outcomes resulting from such
22 activities.

23 “(d) MATCHING REQUIREMENT.—The Secretary may
24 not make a grant to an eligible entity under this section
25 unless that entity agrees that, with respect to the costs

1 to be incurred by the entity in carrying out the activities
2 for which the grant was awarded, the entity will provide
3 non-Federal contributions in an amount equal to not less
4 than 35 percent of Federal funds provided under the
5 grant. The entity may provide the contributions in cash
6 or in kind, fairly evaluated, including plant, equipment,
7 and services, and may provide the contributions from
8 State, local, or private sources.

9 “(e) SUPPLEMENT NOT SUPPLANT.—A grant award-
10 ed under this section shall be expended to supplement, and
11 not supplant, the expenditures of the eligible entity and
12 the value of in-kind contributions for carrying out the ac-
13 tivities for which the grant was awarded.

14 “(f) GEOGRAPHIC DISTRIBUTION.—The Secretary
15 shall ensure that grants awarded under this section are
16 equitably distributed among the geographical regions of
17 the United States and between urban and rural popu-
18 lations.

19 “(g) EVALUATION.—Not later than 3 months after
20 a grant awarded under this section expires, an eligible en-
21 tity shall submit to the Secretary the results of an evalua-
22 tion to be conducted by the entity concerning the effective-
23 ness of the activities carried out under the grant.

24 “(h) REPORT.—Not later than 5 years after the date
25 of enactment of this section, the Secretary shall prepare

1 and submit to the appropriate committees of Congress a
 2 report containing data relating to whether grants provided
 3 under this section have increased access to behavioral and
 4 mental health services in designated mental health profes-
 5 sional shortage areas.

6 “(i) AUTHORIZATION OF APPROPRIATIONS.—There is
 7 authorized to be appropriated to carry out this section,
 8 \$10,000,000 for fiscal year 2009, and such sums as may
 9 be necessary for each of fiscal years 2010 through 2013.”.

10 (c) BEHAVIORAL AND MENTAL HEALTH EDUCATION
 11 AND TRAINING PROGRAMS.—Part A of title V of the Pub-
 12 lic Health Service Act (42 U.S.C. 290aa et seq.) is amend-
 13 ed by adding at the end the following:

14 **“SEC. 506C. GRANTS FOR BEHAVIORAL AND MENTAL**
 15 **HEALTH EDUCATION AND TRAINING PRO-**
 16 **GRAMS.**

17 “(a) DEFINITION.—For the purposes of this section,
 18 the term ‘related mental health personnel’ means an indi-
 19 vidual who—

20 “(1) facilitates access to a medical, social, edu-
 21 cational, or other service; and

22 “(2) is not a mental health professional, but
 23 who is the first point of contact with persons who
 24 are seeking mental health services.

1 “(b) ESTABLISHMENT.—The Secretary, acting
2 through the Administrator of the Substance Abuse and
3 Mental Health Services Administration, shall establish a
4 program to increase the number of trained behavioral and
5 mental health professionals and related mental health per-
6 sonnel by awarding grants on a competitive basis to men-
7 tal and behavioral health nonprofit organizations or ac-
8 credited institutions of higher education to enable such en-
9 tities to establish or expand accredited mental and behav-
10 ioral health education programs.

11 “(c) APPLICATION.—

12 “(1) IN GENERAL.—Each eligible entity desir-
13 ing a grant under this section shall submit an appli-
14 cation to the Secretary at such time, in such man-
15 ner, and containing such information as the Sec-
16 retary may reasonably require.

17 “(2) ASSURANCES.—The application shall in-
18 clude assurances that the applicant will meet the re-
19 quirements of this subsection and that the applicant
20 possesses sufficient infrastructure to manage the ac-
21 tivities to be funded through the grant and to evalu-
22 ate and report on the outcomes resulting from such
23 activities.

24 “(d) PRIORITY.—In awarding grants under this sec-
25 tion, the Secretary shall give priority to applicants that—

1 “(1) demonstrate a familiarity with the use of
2 evidenced-based methods in behavioral and mental
3 health services;

4 “(2) provide interdisciplinary training experi-
5 ences; and

6 “(3) demonstrate a commitment to training
7 methods and practices that emphasize the integrated
8 treatment of mental health and substance abuse dis-
9 orders.

10 “(e) USE OF FUNDS.—Funds awarded under this
11 section shall be used to—

12 “(1) establish or expand accredited behavioral
13 and mental health education programs, including im-
14 proving the coursework, related field placements, or
15 faculty of such programs; or

16 “(2) establish or expand accredited mental and
17 behavioral health training programs for related men-
18 tal health personnel.

19 “(f) REQUIREMENTS.—The Secretary may award a
20 grant to an eligible entity only if such entity agrees that—

21 “(1) any behavioral or mental health program
22 assisted under the grant will prioritize cultural com-
23 petency and the recruitment of trainees from racial
24 and ethnic minority and medically-underserved com-
25 munities; and

1 “(2) with respect to any violation of the agree-
2 ment between the Secretary and the entity, the enti-
3 ty will pay such liquidated damages as prescribed by
4 the Secretary.

5 “(g) GEOGRAPHIC DISTRIBUTION.—The Secretary
6 shall ensure that grants awarded under this section are
7 equitably distributed among the geographical regions of
8 the United States and between urban and rural popu-
9 lations.

10 “(h) EVALUATION.—Not later than 3 months after
11 a grant awarded under this section expires, an eligible en-
12 tity shall submit to the Secretary the results of an evalua-
13 tion to be conducted by the entity concerning the effective-
14 ness of the activities carried out under the grant.

15 “(i) REPORT.—Not later than 5 years after the date
16 of enactment of this section, the Secretary shall prepare
17 and submit to the appropriate committees of Congress a
18 report containing data relating to whether grants provided
19 under this section have increased access to behavioral and
20 mental health services in designated mental health profes-
21 sional shortage areas.

22 “(j) AUTHORIZATION OF APPROPRIATIONS.—There
23 is authorized to be appropriated to carry out this section
24 \$4,000,0000 for fiscal year 2009, and such sums as may
25 be necessary for each of fiscal years 2010 through 2013.”.

1 **SEC. 6. IMPROVING ACCESS TO MENTAL HEALTH SERVICES**
 2 **IN MEDICALLY-UNDERSERVED AREAS.**

3 Subpart 3 of part B of title V of the Public Health
 4 Service Act (42 U.S.C. 290bb–31 et seq.) is amended by
 5 inserting after section 520A the following:

6 **“SEC. 520B. GRANTS FOR TELE-MENTAL HEALTH IN MEDI-**
 7 **CALLY-UNDERSERVED AREAS.**

8 “(a) PROGRAM AUTHORIZED.—The Secretary, acting
 9 through the Administrator of the Substance Abuse and
 10 Mental Health Services Administration, shall award
 11 grants to eligible entities to provide tele-mental health in
 12 medically-underserved areas.

13 “(b) ELIGIBLE ENTITY.—To be eligible for assist-
 14 ance under the program under subsection (a), an entity
 15 shall be a qualified community mental health program (as
 16 defined in section 1913(b)(1)).

17 “(c) APPLICATION.—

18 “(1) IN GENERAL.—Each eligible entity desir-
 19 ing a grant under this section shall submit an appli-
 20 cation to the Secretary at such time, in such man-
 21 ner, and containing such information as the Sec-
 22 retary may reasonably require.

23 “(2) ASSURANCES.—The application shall in-
 24 clude assurances that the applicant will meet the re-
 25 quirements of this subsection and that the applicant
 26 possesses sufficient infrastructure to manage the ac-

1 tivities to be funded through the grant and to evalu-
2 ate and report on the outcomes resulting from such
3 activities.

4 “(d) USE OF FUNDS.—An eligible entity shall use
5 funds received under a grant under this section for—

6 “(1) the provision of tele-mental health services;

7 or

8 “(2) infrastructure improvements for the provi-
9 sion of tele-mental health services.

10 “(e) GEOGRAPHIC DISTRIBUTION.—The Secretary
11 shall ensure that grants awarded under this section are
12 equitably distributed among the geographical regions of
13 the United States and between urban and rural popu-
14 lations.

15 “(f) EVALUATION.—Not later than 3 months after a
16 grant awarded under this section expires, an eligible entity
17 shall submit to the Secretary the results of an evaluation
18 to be conducted by the entity concerning the effectiveness
19 of the activities carried out under the grant.

20 “(g) REPORT.—Not later than 5 years after the date
21 of enactment of this section, the Secretary shall prepare
22 and submit to the appropriate committees of Congress a
23 report that shall evaluate the activities funded under this
24 section.

1 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
 2 are authorized to be appropriated to carry out this section
 3 \$20,000,000 for fiscal year 2009, and such sums as may
 4 be necessary for each of fiscal years 2010 through 2013.”.

5 **SEC. 7. IMPROVING HEALTH INFORMATION TECHNOLOGY**
 6 **FOR MENTAL HEALTH PROVIDERS.**

7 Part A of title V of the Public Health Service Act
 8 (42 U.S.C. 290aa et seq.), as amended by section 5(c),
 9 is further amended by adding at the end the following:
 10 **“SEC. 506D. IMPROVING HEALTH INFORMATION TECH-**
 11 **NOLOGY FOR MENTAL HEALTH PROVIDERS.**

12 “(a) IN GENERAL.—The Secretary, in consultation
 13 with the Secretary of Veterans Affairs, shall collaborate
 14 with the Administrator of the Substance Abuse and Men-
 15 tal Health Services Administration and the National Coor-
 16 dinator for Health Information Technology to—

17 “(1) develop and implement a plan for ensuring
 18 that various components of the National Health In-
 19 formation Infrastructure, including data and privacy
 20 standards, electronic health records, and community
 21 and regional health networks, address the needs of
 22 mental health and substance abuse treatment pro-
 23 viders; and

1 “(2) finance related infrastructure improve-
 2 ments, technical support, personnel training, and on-
 3 going quality improvements.

4 “(b) AUTHORIZATION OF APPROPRIATIONS.—There
 5 are authorized to be appropriated to carry out this section
 6 \$10,000,000 for fiscal year 2009, and such sums as may
 7 be necessary for each of fiscal years 2010 through 2013.”.

8 **SEC. 8. PAPERWORK REDUCTION STUDY.**

9 (a) IN GENERAL.—Not later than 12 months after
 10 the date of enactment of this Act, the Institute of Medi-
 11 cine shall submit to the appropriate committees of Con-
 12 gress a report that evaluates the combined paperwork bur-
 13 den of qualified community mental health programs as de-
 14 fined in section 1913(b)(1) of the Public Health Service
 15 Act.

16 (b) SCOPE.—In preparing the report under sub-
 17 section (a), the Institute of Medicine shall examine licens-
 18 ing, certification, service definitions, claims payment, bill-
 19 ing codes, and financial auditing requirements utilized by
 20 the Office of Management and Budget, the Centers for
 21 Medicare & Medicaid Services, the Health Resources and
 22 Services Administration, the Substance Abuse and Mental
 23 Health Services Administration, the Office of the Inspec-
 24 tor General, State Medicaid agencies, State departments

1 of health, State departments of education, and State and
 2 local juvenile justice and social service agencies to—

3 (1) establish an estimate of the combined na-
 4 tionwide cost of complying with the requirements de-
 5 scribed in this paragraph, in terms of both adminis-
 6 trative funding and staff time;

7 (2) establish an estimate of the per capita cost
 8 to each qualified community mental health program
 9 defined in section 1913(b)(1) of the Public Health
 10 Service Act to comply with the requirements of this
 11 paragraph, in terms of both administrative funding
 12 and staff time; and

13 (3) make administrative and statutory rec-
 14 ommendations to Congress, which may include a
 15 uniform methodology, to reduce the paperwork bur-
 16 den experienced by qualified community mental
 17 health programs defined in section 1913(b)(1) of the
 18 Public Health Service Act.

19 (c) AUTHORIZATION OF APPROPRIATIONS.—There
 20 are authorized to be appropriated to carry out this section
 21 \$550,000 for each of fiscal years 2009 and 2010.

22 **SEC. 9. WAGE STUDY.**

23 (a) IN GENERAL.—Not later than 12 months after
 24 the date of enactment of this Act, the Institute of Medi-
 25 cine shall conduct a nationwide analysis, and submit a re-

1 port to the appropriate committees of Congress, con-
2 cerning the compensation structure of professional and
3 paraprofessional personnel employed by qualified commu-
4 nity mental health programs as defined under section
5 1913(b)(1) of the Public Health Service Act, as compared
6 with the compensation structure of comparable health
7 safety net providers and relevant private sector health care
8 employers.

9 (b) SCOPE.—In preparing the report under sub-
10 section (a), the Institute of Medicine shall examine com-
11 pensation disparities, if such disparities are determined to
12 exist, by type of personnel, type of provider or private sec-
13 tor employer, and geographic region.

14 (c) AUTHORIZATION OF APPROPRIATIONS.—There
15 are authorized to be appropriated to carry out this section,
16 \$550,000 for each of fiscal years 2009 and 2010.

○